

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	1082339	FILING DATE	
						APPLICANT(S)			
						CLAIMS			
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND
1	/		/				31		
2							32		
3	/						33		
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TOTAL IND.	1		1				TOTAL IND.		
TOTAL DEP.	7	←	7	←			TOTAL DEP.		
TOTAL CLAIMS	8	[REDACTED]	8	[REDACTED]			TOTAL CLAIMS		